



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Team: \_\_\_\_\_  
 ER Contact Name: \_\_\_\_\_  
 ER Contact Phone: \_\_\_\_\_  
 Health Card: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Team: \_\_\_\_\_  
 ER Contact Name: \_\_\_\_\_  
 ER Contact Phone: \_\_\_\_\_  
 Health Card: \_\_\_\_\_

**HURRICANES SUMMER CAMP**  
 12-13            \$282.50 (INCL HST)  
 14-16            \$282.50 (INCL HST)  
**Cheque payable to HRVC**  
  
**Please write athletes full name on cheque.**  
**Mail to Nancy Sell, 2370 Edith Avenue**  
**Burlington, ON L7R 1N7**

**HURRICANES SUMMER CAMP**  
 12-13            \$282.50 (INCL HST)  
 14-16            \$282.50 (INCL HST)  
**Cheque payable to HRVC**  
  
**Please write athletes full name on cheque**  
**Mail to Nancy Sell, 2370 Edith Avenue**  
**Burlington, ON L7R 1N7**

I have read and hereby accept the conditions described in this brochure. I understand the inherent risks associated with this program and release HRVC from any responsibility. I also certify that my child is medically fit to participate and I do hereby authorize camp staff to administer any emergency medical treatment. I consent that HRVC retains the rights to use photographs of campers taken at camp for publicity and advertising purposes.

\_\_\_\_\_

Parent/ Guardian Signature

I have read and hereby accept the conditions described in this brochure. I understand the inherent risks associated with this program and release HRVC from any responsibility. I also certify that my child is medically fit to participate and I do hereby authorize camp staff to administer any emergency medical treatment. I consent that HRVC retains the rights to use photographs of campers taken at camp for publicity and advertising purposes.

\_\_\_\_\_

Parent/ Guardian Signature